

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MICHIGAN

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Lidral Orthodontics, PLLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 82-1234577

4. Debtor's address **Principal place of business**

158 Marcell Dr. N.E.
ROCKFORD, MI 49341

Number, Street, City, State & ZIP Code

KENT

County

Mailing address, if different from principal place of business

6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) lidralorthodontics.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Lidral Orthodontics, PLLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Lidral Orthodontics, PLLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Lidral Orthodontics, PLLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 11, 2020**
MM / DD / YYYY**X /s/ Andrew C. Lidral**
Signature of authorized representative of debtor

Title **President/Member****Andrew C. Lidral**
Printed name**18. Signature of attorney****X /s/ Martin L. Rogalski**
Signature of attorney for debtorDate **June 11, 2020**
MM / DD / YYYY**Martin L. Rogalski P-30548 - MICHIGAN**
Printed name**MARTIN L. ROGALSKI, P.C.**
Firm name**1881 GEORGETOWN CENTER DRIVE**
JENISON, MI 49428
Number, Street, City, State & ZIP CodeContact phone **(616) 457-4410** Email address **court@mrogalski.com****P-30548 - MICHIGAN MI**
Bar number and State

COMPANY RESOLUTION TO AUTHORIZE FILING OF CHAPTER 7

Upon the holding of a Special Meeting called for June 11, 2020, for the purpose of reviewing the financial situation of LIDRAL ORTHODONTICS, PLLC, a Michigan Corporation, the following motion was submitted, seconded, and approved by the shareholders of LIDRAL ORTHODONTICS, PLLC, a Michigan Company:

BE IT HEREBY RESOLVED that LIDRAL ORTHODONTICS, PLLC, a Michigan Company, shall file a Chapter 7 Bankruptcy proceeding. The Sole Member, Andrew C. Lidral, is authorized to sign any and all papers necessary to commence and continue the Chapter 7 case. The law firm of Martin L. Rogalski, P.C., shall be retained as bankruptcy counsel for the company.

Dated: June 11, 2020

LIDRAL ORTHODONTICS, PLLC

By: /s/ Andrew C. Lidral
Andrew C. Lidral, Sole Member

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 11, 2020**X /s/ Andrew C. Lidral**

Signature of individual signing on behalf of debtor

Andrew C. Lidral

Printed name

President/Member

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **44,331.60****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **44,331.60****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **665,761.79****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **267,708.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **330,501.70****4. Total liabilities**
Lines 2 + 3a + 3b\$ **1,263,971.49**

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. UNITED BANK ACCOUNTCHECKING - MAIN7444\$1.003.2. UNITED BANK ACCOUNTCHECKING - PAYROLL7436\$1.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. DEPOSITS WHICH ARE UNEARNEDUnknown**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

\$0.00

Part 3: Accounts receivable

☐ No. Go to Part 4.

☒ Yes Fill in the information below.

11b. Over 90 days old:	<u>2,165.50</u>	-	<u>2,165.50</u>	=....	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		

\$0.00

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

☐ No. Go to Part 5.

☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☐ No. Go to Part 6.

☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	ELECTRONICS INCLUDING COMPUTERS, PRINTERS, PHONES, SERVER, COPIER, FAX, IPAD, STEREO, AND ARCADE GAMES	2020	\$2,450.00	Liquidation	\$2,450.00
	PRACTICE MANAGEMENT SOFTWARE		\$0.00		\$1.00
	IMAGING SOFTWARE		\$0.00		\$1.00

Debtor Lidral Orthodontics, PLLC
Name

Case number (If known) _____

**ORTHODONTIC
SPECIFIC OFFICE
EQUIPMENT (See
Attached list)**2020\$32,625.00Liquidation\$32,625.00**ORTHODONTIC
SPECIFIC SUPPLIES
(See attached list)**2020\$2,027.60Liquidation\$2,027.6023. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$37,104.6024. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____

Valuation method _____

Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.**General description****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest**39. **Office furniture****OFFICE FURNITURE INCLUDING CHAIRS,
BENCHES, DESKS, FILE CABINETS, AND
STORAGE SHELVES**\$7,225.00Liquidation\$7,225.0040. **Office fixtures**41. **Office equipment, including all computer equipment and
communication systems equipment and software**42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork;
books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card
collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$7,225.00

Debtor **Lidral Orthodontics, PLLC**
Name

Case number (If known) _____

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property**Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**

55.1. **COMMERCIAL LEASE WITH 158 MARCELL, LLC ON THE EAST HALF OF A BUILDING (SUITE NO. 1) LOCATED AT 158 MARCELL NE, ROCKFORD, MI 49341**

TENANT**\$0.00****\$0.00**56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Debtor **Lidral Orthodontics, PLLC**
Name

Case number (If known) _____

Part 11: **All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Lidral Orthodontics, PLLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$2.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$37,104.60	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$7,225.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$44,331.60	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$44,331.60

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BUSINESS INVENTORY ATTACHMENT TO A/B

<u>EQUIPMENT</u>	<u>Quantity</u>	<u>Unit Value</u>	<u>Total</u>	<u>MODEL NUMBER</u>	<u>SERIAL NUMBER</u>
Orthopantomograph OP100 : Type OC 100-3-1-1-5	1	\$ 2,500	\$ 2,500		75978
**Tube insert Type D-0515				THA100	5991 & 9480
ImageMax Developer	1	\$ 500	\$ 500	950	1620
Whip Mix Model Trimmer	1	\$ 200	\$ 200	5KH39QN9741HX	C15J90013
Micro-Cab	1	\$ 100	\$ 100	8762-4042-10	
Handy-Eco Brushless Motor Lab Handpiece	1	\$ 100	\$ 100	ECO1000	1517208
AO Curing Light Blue Ray 3	1	\$ 100	\$ 100		304868086
**Charging base					304897033
AO Curing Light Blue Ray 3	1	\$ 100	\$ 100		306706058
**Charging base					306707017
AO Curing Light Blue Ray 3	1	\$ 100	\$ 100		306650026
**Charging base					306651015
3M Unitek Ortholux Luminous Curing Light	1	\$ 100	\$ 100		939212020064
Scheu-Dental Biostar Pressure Molding Machine	1	\$ 1,000	\$ 1,000		1717
Apollo 95E Elite Curing Light	1	\$ 50	\$ 50	020-1245	NX10410076
Apollo 95E Elite Curing Light	1	\$ 50	\$ 50	020-1245	NX10350063
Itero Element 2	1	\$ 15,000	\$ 15,000		BLX2019W07A083
Statim 2000		\$ 500	\$ -	121101	2101AJ5878
Ritter M11 UltraClave	1	\$ 1,000	\$ 1,000	M11-001	ES009995

Dentsonic Ultrasonic Cleaner	1	\$	100	\$	100	UC300	1016 0150241
Cox Rapid Heat Transfer Sterilizer	1	\$	50	\$	50	6000	CX17438
Air Techniques AirStar 10 compressor	1	\$	1,000	\$	1,000	1511007411	810-002383
Air Techniques VacStar Dental Vacuum System	1	\$	750	\$	750	Vactstar20	206079
Dental Units - (Circa 1996)	6	\$	100	\$	600		
Dental Chairs - (Circa 1996)	7	\$	250	\$	1,750		
Camera Canon EOS 60D with 100mm Macro & flash	1	\$	650	\$	650		
			Total		\$ 25,800		

FURNITURE

		Ballpark Value	Total
Chairs			
Waiting room	26	\$100	\$2,600
Office	10	\$100	\$1,000
Benches	7	\$100	\$700
Desks	3	\$500	\$1,500
File Cabinets	8	\$100	\$800
Storage Shelves	25	\$25	\$625
			\$7,225

ELECTRONICS

Computers - Windows 7	7	\$25	\$175
Printers	5	\$100	\$500
Phones	7	\$25	\$175
Server	1	\$200	\$200
Copier	1	\$100	\$100
Fax	1	\$50	\$50
iPad	2	\$100	\$200
Stereo	1	\$50	\$50
Arcade Games	2	\$500	\$1,000
			\$2,450

Total				\$9,675
Air Techniques AirStar 10 compressor	1	\$ 1,000	\$ 1,000	1511007411
Air Techniques VacStar Dental Vacuum System	1	\$ 750	\$ 750	Vactstar20
Dental Units - (Circa 1996)	6	\$ 100	\$ 600	
Dental Chairs - (Circa 1996)	7	\$ 250	\$ 1,750	
Camera Canon EOS 60D with 100mm Macro & flash	1	\$ 650	\$ 650	
		Total	\$ 6,825	

Item	Opened Quantity	Opened	Unopened Quantity	Unopened	Total	Value	Total Value	Supplier	Donated to Spectrum
Toothpaste - Crest Pro Health	1 box	1	2 boxes of 36	2	2.5	\$10.98	\$27.45	Crest + Oral B	
Toothpaste - Crest Gum Detoxify	1 box	1	2 boxes of 36	2	2.5	\$10.98	\$27.45	Crest + Oral B	
Toothpaste - Crest Gum Sensitivity	1 box	1	2 boxes of 36	2	2.5	\$10.98	\$27.45	Crest + Oral B	
Oral-B Glide Pro-Health Advanced 4mm floss	1 box	1	4 boxes of 72	4	4.5	\$26.28	\$118.26	Crest + Oral B	
Crest Toothbrush supply bags	1	1	5	5	5.5	0	\$0.00	Crest + Oral B	
Wax packs	1 box	1	1 box of 50	1	1.5	\$35.29	\$52.94	Benco	
G.U.M Soft Picks	1 box	1	2 boxes of 110	2	2.5	\$43.79	\$109.48	Benco	
Plackers	2 bags	2	13 bags of 36	13	14	\$4.50	\$63.00	Plackers	
Piksters Interdental Brush Size 5	1	1			0.5	\$19.99	\$10.00	Henry Schein	
Piksters Interdental Brush Size 6	1	1			0.5	\$19.99	\$10.00	Henry Schein	
Plastic Cups Box of 1000	1	1			0.5	\$28.79	\$14.40	Benco	
Nola Red Cheek Retractors (not full nola system)	2	2			1	\$26.19	\$26.19	Benco	
Econoback Patient Bib 13" x 19" Rose 3-Ply Case of 500	2 boxes (about 700 bibs)	2			1			Benco	
Cavicide Gallon Jug	1	1			0.5	\$26.99	\$26.99	Benco	
Cavicide 24oz spray bottle	2	2			1	\$40.79	\$20.40	Benco	
Cavi 1 Gallon Jug	1	1			0.5	\$15.79	\$15.79	Benco	
Cavi 1 24oz spray bottle	1	1			0.5	\$42.19	\$21.10	Benco	
Cavi Wipes	9	9	25	25	29.5	\$16.49	\$8.25	Benco	
Sta-Lube Silicone Spray 16oz	1	1	1	1	1.5	\$14.99	\$442.21	Benco	\$442.21
ValuLine Tray Covers Size B White Box of 1000	2	2			1	\$22.76	\$22.76	Benco	
Liquid Enzymax	1 gallon jug	1			0.5	\$113.37	\$56.69	Benco	
Alginate Kromopan Pouch	1	1	6	6	6.5	\$12.19	\$79.24	Benco	
Aluminum Oxide Powder 90 micron	1	1	1 bottle (2lb)	1	1.5	\$32.99	\$49.49	Benco	
Benco Cotton Rolls box of 2000	1 (500)	1	1	1	1.5	\$33.29	\$49.94	Benco	
Yellow Stone 50lb carton	1	1			0.5	\$53.99	\$27.00	Benco	
White Plaster 50lb carton	1	1			0.5	\$43.91	\$21.96	Benco	
Laboratory Pumice Medium 5lb bottle	1	1			0.5	\$33.90	\$16.95	Henry Schein	
Laboratory Pumice Flour 5lb bottle	1	1			0.5	\$33.90	\$16.95	Henry Schein	
Emulate Tray Cleaner	1	1			0.5	\$23.57	\$11.79	Benco	
Perfecta Blockout Resin 3cc	1	1	1	1	1.5	\$11.29	\$47.24	Henry Schein	
Flexible Mixing bowl	8	8			4	\$11.29	\$45.16	Benco	
Microbrush Blue Refill 400pk	1 (3 pks of 100)	1	1 box (4 sets)	1	0.5	\$53.49	\$26.75	Benco	
Image Max ECO Developer Cleaner					1	\$47.99	\$47.99	X-Ray Support	
Image Max Chemistry for Processor Dev&Fixer set	2 sets	2	1 box (8 sets)	1	2	\$64.60	\$129.20	X-Ray Support	
Waterflo Plus 1oz bottle	1	1	1	1	1.5	\$8.99	\$13.49	X-Ray Support	
Ceph 8x10in Green Fuji Film 100 sheet box	1	1	1	1	1.5	\$46.99	\$70.49	X-Ray Support	
Pan 15x30cm Green Fuji 100 sheet box	1	1			0.5	\$55.99	\$28.00	X-Ray Support	
Speed Clean 16oz bottle	1	1			0.5	\$21.49	\$10.75	Benco	
IMS Universal Wrap 15x15 Blue	1 (box of 1000)	1			0.5	\$159.99	\$80.00	Benco	
Cotton Tipped Applicators	1 (bag of 100) comes in box of (1000)	1	9 Bags of 100	9	9.5	\$10.90	\$103.55	Benco	
Distilled Water 1 gallon jug	1	1	4	4	4.5	\$0.89	\$4.01	Family Fare	
BlueTab Waterline tabs box of 50	1	1	1	1	1.5	\$38.95	\$58.43	Benco	

White Glove Dispensers	10	0				0	\$5.99	\$0.00	Benco
Henry Schein Level 3 Facemasks White and Teal	2 (box of 50)	2	30			31	\$10.79	\$334.49	Henry Schein
Next Prophy Paste Medium Assorted Box of 200	110 individual cups	1				0.5	\$47.79	\$23.90	Benco
Listerine Total Care Zero Alcohol 1L Case of 6	3 bottles	3				1.5	\$35.99	\$53.99	Benco
G.U.M. Eez Floss Threaders 100 pk	1	1				0.5	\$36.19	\$18.10	Benco
2x2 Gauze (Dental City) Case of 5000	16 (packs of 200)	16				8	\$33.45	\$267.60	Dental City
Health Tec Pure Touch Gloves Box of 300 size Small	6	6	18			21	\$19.45	\$408.45	DHPI
Health Tec Pure Touch Gloves Box of 300 size Med	6	6	16			19	\$19.45	\$369.55	DHPI
ValuLine Head Rest Covers 10x10 Case of 500	2	2				1	\$30.77	\$30.77	Benco
Mint-A-Kleen Waterline Cleaner 16oz bottle	6	6	2			5	\$15.99	\$79.95	Henry Schein
Benco Combo Tipped HVE Bag of 100	1	1	9			9.5	\$5.84	\$55.48	Benco
Benco White Saliva Ejector Pack of 100	1	1	9			9.5	\$3.23	\$30.69	Benco
Colgate Preventid 5000 Booster Plus Paste						2	\$10.49	\$20.98	Colgate
Fruitastic									
Colgate Preventid 5000 Booster Plus Paste									
Spearmint									
Tarter and Stain Remover			3			3	\$10.49	\$31.47	Colgate
Trap Liners Pack of 6	1 (5 liners)	1	1			1	\$19.16	\$19.16	Benco
Power Chain Organizer	1	1				0.5	\$15.20	\$7.60	Benco
Steam Indicator Tape	1	1				0.5	\$50.79	\$25.40	Benco
Retainer Cases Sparkle 12 pk	1	1	2			2.5	\$5.84	\$14.60	Benco
Scotts C-Fold Towels case of 2400 (12 sleeves with 200)	4	4				2	\$8.15	\$16.30	Dentsply
Maxi Guard disposable jackets size Large (10pk)	20 sleeves	20				10	\$49.79	\$497.90	Benco
Maxi Guard disposable jackets size Small (10pk)	3 jackets	3				1.5	\$26.99	\$40.49	Henry Schein
ValuLine Blue Sterilization pouches 5.25x10 box of 200	9 jackets	9				4.5	\$26.99	\$121.46	Henry Schein
ValuLine Blue Sterilization pouches 3.5x9 Box of 500	1	1	2			2.5	\$11.51	\$28.78	Benco
Ortho Ice	1	1				0.5	\$19.61	\$9.81	Benco
Essix C+ plastic .040 x 125mm circle Box of 100	2	2				1	\$25.14	\$25.14	Dentsply
Essix A+ plastic .030 5" square Box of 100	1 box	1				0.5	\$148.04	\$74.02	Dentsply
Spectra Ctd NITI AccuForm 16X22 Lower 10pk	1 box	1				0.5	\$92.15	\$46.08	Dentsply
Spectra Ctd NITI AccuForm 16X22 Upper 10pk	1	1	4			4.5	\$42.97	\$193.37	Dentsply
Bearrier Bite Block Cover 1.5 in x 3 in 500/Bx	1	1	1			1.5	\$42.97	\$64.46	Dentsply
Bite Block Protectors 1" x 2" Box of 1000	1	1				0.5	\$30.79	\$15.40	Henry Schein
REACH Floss Waxed 200 Yards Mint						0.5	\$24.79	\$12.40	Benco
Front Surface Mouth Mirror 4 Cone Socket Box of 12	1 (12 mirrors)	1	1			1	\$3.49	\$3.49	Henry Schein
						0.5	\$18.71	\$9.36	Benco

\$408.45

\$369.55

\$40.49

\$121.46

Tetric EvoCeram Enamel Shade T 0.2g Refill Pack of 20	1	1				0.5	\$113.99	\$57.00	Benco
Articulating Paper Strips 12 sheets per bk 12bk per box	1	1				0.5	\$10.49	\$5.25	Henry Schein
Debubblizer and Wax Pattern Cleaner Blue 8oz bottle	1	1				0.5	\$10.29	\$5.15	Benco
Filtek Supreme Ultra Capsule B2-B 20 per 1 (6 capsules)	1	1				0.5	\$141.79	\$70.90	Benco
Replacement Silicone Insert Distal End Cutter Pack of 3	1	1				0.5	\$9.00	\$4.50	Benco
Dry Tips Reflective Small 50 per box	1	1	1			1.5	\$20.29	\$30.44	Henry Schein
Dry-Angle w/Silver Small 400 per box	1	1				0.5	\$19.99	\$10.00	Henry Schein
Pre-Bent Applicator Tips 22 gauge Black Pack of 100	1	1				0.5	\$17.99	\$9.00	Benco
Opal Etch 35% Phosphoric Acid - 30ml	1	1	1			1.5	\$59.99	\$89.99	UltraDent
IndiSpense	1	1				0.5	\$52.00	\$26.00	Great Lakes
Zinc Pellets	4	4				2		\$0.00	3M Unitek
Action Line .020 Thread									
Transbond Plus Self Etching Primer - Box of 100	1	1				0.5		\$0.00	3M Unitek
Transbond Plus Color Change Adhesive - 25 Capsules	1	1	1			1.5		\$0.00	3M Unitek
Multi-Cure Glass Ionomer Orthodontic Band Cement	2	2	1			2		\$0.00	3M Unitek
Transbond LR Adhesive for Lingual Retainers- 25 Capsules	1	1				0.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Left 25mm - 5pk	1 (2 rods)	1				0.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Left 29mm - 5pk	1 (3 rods)	1				0.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Left 32mm - 5pk	1 (3 rods)	1				0.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Left 35mm - 5pk			1			1		\$0.00	3M Unitek
Forsus Device EZ2 Module Left - 5pk	1 (1 spring)	1	1			1.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Right 25mm - 5pk	1 (3 rods)	1				0.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Right 29mm - 5pk	1 (1 rod)	1				0.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Right 32mm - 5pk	1 (1 rod)	1	1			1.5		\$0.00	3M Unitek
Forsus Device Direct Push Rod Right 35mm - 5pk			1			1		\$0.00	3M Unitek
Forsus Device EZ2 Module Right - 5pk	1 (4 springs)	1				0.5		\$0.00	3M Unitek
Forsus Universal Split Crimp	1					0		\$0.00	3M Unitek
Arch Wires									
U 014N Gold AW 10pk	2	2	1			2	\$45.00	\$90.00	American
U 014N Gold AW 10pk	1	1	2			2.5	\$45.00	\$112.50	American
U 016N Gold AW 10pk	2	2	1			2	\$45.00	\$90.00	American

Forsus total

Kits

2

\$

440

American Total

\$5,413.08

L 016N Gold AW 10pk	1	1	1	1	1	1	1.5	\$45.00	\$67.50	American
U 018N Gold AW 10pk	1	1	1	1	1	1	1.5	\$45.00	\$67.50	American
L 018N Gold AW 10pk	1	1	1	1	1	1	2.5	\$45.00	\$112.50	American
U 1622N Gold AW 10pk	1	1	1	1	1	1	1.5	\$45.00	\$67.50	American
L 1622N Gold AW 10pk	1	1	1	1	1	1	1.5	\$45.00	\$67.50	American
U 016S Gold AW 10pk	1	1	1	1	1	1	1.5	\$41.40	\$62.10	American
L 016S Gold AW 10pk	1	1	1	1	1	1	2.5	\$41.40	\$103.50	American
U 1622S Gold AW 10pk	1	1	1	1	1	1	1.5	\$41.40	\$62.10	American
L 1622S Gold AW 10pk	1	1	1	1	1	1	2.5	\$41.40	\$103.50	American
U 16x16S Gold AW 10pk	1	1	1	1	1	1	0.5	\$41.40	\$20.70	American
L 16x16S Gold AW 10pk	1	1	1	1	1	1	0.5	\$41.40	\$20.70	American
U 012N 50pk	1	1	1	1	1	1	0		\$0.00	
L 012N 50pk	1	1	1	1	1	1	0.5	\$14.65	\$7.33	American
U 014N 10pk	2	2	2	2	2	3	4	\$14.65	\$58.60	American
L 014N 10pk	2	2	2	2	2	3	4	\$14.65	\$58.60	American
U 016N 10pk	2	2	2	2	2	3	4	\$14.65	\$58.60	American
L 016N 10pk	2	2	2	2	2	3	4	\$14.65	\$58.60	American
U 018N 10pk	1	1	1	1	1	3	3.5	\$14.65	\$51.28	American
L 018N 10pk	1	1	1	1	1	3	3.5	\$14.65	\$51.28	American
U 014S 50pk	1	1	1	1	1	3	3.5	\$21.76	\$76.16	American
L 014S 50pk	1	1	1	1	1	3	3.5	\$21.76	\$76.16	American
U 016S 50pk	1	1	1	1	1	1	1.5	\$21.76	\$32.64	American
L 016S 50pk	1	1	1	1	1	1	1.5	\$21.76	\$32.64	American
U 018S 50pk	1	1	1	1	1	1	0.5	\$21.76	\$10.88	American
L 018S 50pk	1	1	1	1	1	1	0.5	\$21.76	\$10.88	American
U 16x16S 10pk	2	2	2	2	2	3	4	\$8.74	\$34.96	American
L 16x16S 10pk	2	2	2	2	2	3	4	\$8.74	\$34.96	American
U 1622S 10pk	1	1	1	1	1	2	2.5	\$8.74	\$21.85	American
L 1622S 10pk	2	2	2	2	2	2	3	\$8.74	\$26.22	American
U 18x18HA 10pk	2	2	2	2	2	2	3	\$24.54	\$73.62	American
L 18x18HA 10pk	2	2	2	2	2	4	5	\$24.54	\$122.70	American
U 1622HA 10pk	2	2	2	2	2	3	4	\$24.54	\$98.16	American
L 1622HA 10pk	1	1	1	1	1	3	3.5	\$24.54	\$85.89	American
U 1622TMA 10pk	2	2	2	2	2	2	3	\$41.51	\$124.53	American
L 1622TMA 10pk	2	2	2	2	2	2	3	\$41.51	\$124.53	American
U 1725TMA 10pk	2	2	2	2	2	2	3	\$41.51	\$124.53	American
L 1725TMA 10pk	2	2	2	2	2	2	3	\$41.51	\$124.53	American
U 1622RCN 10pk	1	1	1	1	1	1	1.5	\$44.35	\$66.53	American
L 1622RCN 10pk	1	1	1	1	1	1	1.5	\$44.35	\$66.53	American
O-Ties										
Plastic Ligatures 10-Ring - Pink	1	1	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Yellow	1	1	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Light Blue	1	1	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Burgundy	1	1	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Dark Orange	1	1	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Coral	1	1	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - Royal Blue	1	1	1	1	1	1	1.5	\$23.43	\$35.15	American
Plastic Ligatures 10-Ring - White	1	1	1	1	1	1	0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Aqua	1	1	1	1	1	1	0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Rose	1	1	1	1	1	1	0.5	\$23.43	\$11.72	American

Plastic Ligatures 10-Ring - Fire Red	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Lilac	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Purple	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Shamrock Green	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Black	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Silver	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Pearl	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 10-Ring - Lime	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Bubblegum	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Tooth	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Bronze	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Gold Rush	1	1	1				0.5	\$23.43	\$11.72	American
Plastic Ligatures 6 Stick - Orange	1	1	1				0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Black	1	1	1		1		1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Navy Blue	1	1	1		1		1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Clear	1	1	1		1		1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Lime	1	1	1		1		1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Silver	1	1	1		1		1.5	\$23.43	\$35.15	American
Chain Plastic 15' Short - Light Blue	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Pearl	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Royal Blue	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Teal	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Aqua	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Lilac	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Coal	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Shamrock Green	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 15' Short - Bubblegum	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Burgundy	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Red	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Green	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Pink	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Purple	1	1	1		1		0.5	\$23.43	\$11.72	American
Chain Plastic 30' Short - Dark Orange	1	1	1		1		0.5	\$23.43	\$11.72	American
Gold Brackets										
UL1	12		12				6	\$5.91	\$35.46	American
UL2	13		13				6.5	\$5.91	\$38.42	American
UL3	14		14				7	\$5.91	\$41.37	American
UL4	15		15				7.5	\$5.91	\$44.33	American
UL5	12		12				6	\$5.91	\$35.46	American
UR1	12		12				6	\$5.91	\$35.46	American
UR2	11		11				5.5	\$5.91	\$32.51	American
UR3	11		11				5.5	\$5.91	\$32.51	American
UR4	13		13				6.5	\$5.91	\$38.42	American
UR5	12		12				6	\$5.91	\$35.46	American
L2-2	43		43				21.5	\$5.91	\$127.07	American
LL3	12		12				6	\$5.91	\$35.46	American
LL4	10		10				5	\$5.91	\$29.55	American
LL5	11		11				5.5	\$5.91	\$32.51	American
UR3	11		11				5.5	\$5.91	\$32.51	American

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	UNITED BANK Creditor's Name 900 EAST PARIS AVENUE SE GRAND RAPIDS, MI 49546 Creditor's mailing address Creditor's email address, if known Date debt was incurred 05/19/17 Last 4 digits of account number 9081 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien INITIAL PRACTICE LOAN - PERSONAL GUARANTEE Describe the lien BUSINESS LOAN Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$590,969.60	\$0.00

2.2	UNITED BANK Creditor's Name 900 EAST PARIS AVENUE SE GRAND RAPIDS, MI 49546 Creditor's mailing address Creditor's email address, if known Date debt was incurred 05/19/17 Last 4 digits of account number 9111 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien LINE OF CREDIT - PERSONAL GUARANTEE Describe the lien BUSINESS LOAN Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$74,792.19	\$0.00
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Debtor **Lidral Orthodontics, PLLC**

Case number (if known)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 US ATTORNEY'S OFFICE**

Creditor's Name

**WESTERN DISTRICT OF
MICHIGAN
BANKRUPTCY SECTION
PO BOX 208
GRAND RAPIDS, MI
49501-0208**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00**\$0.00****FOR NOTICE PURPOSES**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 US SMALL BUSINESS
ADMIN (SBA)**

Creditor's Name

**MICHIGAN DISTRICT
OFFICE
477 MICHIGAN AVENUE
SUITE 515, MCNAMARA
BLDG
DETROIT, MI 48226**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00**\$0.00****FOR NOTICE PURPOSES**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$665,761.79**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

Debtor **Lidral Orthodontics, PLLC**
Name

Case number (if known)

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

DANIEL R. KUBIAK
MIKA MEYERS
900 MONROE AVE NW
GRAND RAPIDS, MI 49503

Line 2.1

9081

DANIEL R. KUBIAK
MIKA MEYERS
900 MONROE AVE NW
GRAND RAPIDS, MI 49503

Line 2.2

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alcala, Sara 12066 Pine Cove Dr Rockford, MI 49341 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown Unknown
2.2	Priority creditor's name and mailing address Allen, Lisa 4651 Hidden Highland Dr NE Rockford, MI 49341 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown Unknown

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
2.3	Priority creditor's name and mailing address Alvarez, Lisa Marie 6838 Fox Meadows NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Anderson, Michael 14155 Algoma Ave Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Annese, Alexandra 820 Rolling Creek Lowell, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Banks, Richard 5707 Kies Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.7	Priority creditor's name and mailing address Barcume, Troy 923 Bjornson St. Big Rapids, MI 49307	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address Bayink, Michelle 9311 Bay Harbor Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Bedard, Sarah 3963 Denali Dr Hudsonville, MI 49426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Behrenwald, Christine 316 Daylily Dr Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC		Case number (if known)
	Name		
2.11	Priority creditor's name and mailing address Besser, Dan 3261 Eastern NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.12	Priority creditor's name and mailing address Bishop, Abigail 985 E. Beltline Ave NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.13	Priority creditor's name and mailing address Bissell, Laurie 7897 Silver Hills Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.14	Priority creditor's name and mailing address Blakeslee, Rachel 8347 Cowan Lk Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.15	Priority creditor's name and mailing address Booth, Benjamin 5591 Coit Ave NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address Bosscher, Erica 6215 Kuttshill Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address Boyd, Jamison 3552 Keswick Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address Bray, Charles 9591 Arrowcrest 49341 Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.19	Priority creditor's name and mailing address Brewer, Amanda 12023 Russell Ridge Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address Bricker, Meredith 6675 Twins Springs Ct Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address Bristol, Kimberly 4994 Castle Hill Ct Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address Brown, Michelle 6367 Gran Via Dr. NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.23	Priority creditor's name and mailing address Burns, Jeffrey 3493 Knollwood Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.24	Priority creditor's name and mailing address Campbell, Jeffrey 6081 Brianna Way Howard City, MI 49329	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.25	Priority creditor's name and mailing address Carlson, Michael 6440 Fox Run Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.26	Priority creditor's name and mailing address Castillo, Judith 6039 Coan Rd Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.27	Priority creditor's name and mailing address Cavasin, Kelly 7852 Ella Terrace Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address Cilek, Steve 8415 Je-Ne-Be Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address Cone, Shannon 15750 Keller Ave Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address Cowin, Michael 7880 Peterson Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.31	Priority creditor's name and mailing address Crater, Tricia 2041 West 120th St Grant, MI 49327	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.32	Priority creditor's name and mailing address Cruden, John 6492 Foxtail Meadows Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.33	Priority creditor's name and mailing address Culver, Melissa 21423 Kristen Blvd Pierson, MI 49339	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.34	Priority creditor's name and mailing address Cummings, Brian 11700 Crystal Ridge Dr Sparta, MI 49345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
2.35	Priority creditor's name and mailing address Dahlquist, Brian 10434 Shaner Ave Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.36	Priority creditor's name and mailing address Davison, Nichole 1230 Buth Dr NE Comstock Park, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.37	Priority creditor's name and mailing address Dawson, Beth 7221 Loma Linda Ct NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.38	Priority creditor's name and mailing address DeBruine, Randall 2999 Cooks Creek Dr NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.39	Priority creditor's name and mailing address DeKraker, Diane 10593 Edgerton Ave NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address DeVescovo, Christina 555 7th St NW Apt 407C Grand Rapids, MI 49504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address DeMan, Christy 9444 Courtland Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address DeNardo, Colleen 7167 Tramore Ct NE Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.43	Priority creditor's name and mailing address Derby, Jessica 4111 Arthur ST. E Coopersville, MI 49404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.44	Priority creditor's name and mailing address Dikeman, Andrew 8755 Camelot Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.45	Priority creditor's name and mailing address Dornan, Brenda 6089 Egypt Forrest Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.46	Priority creditor's name and mailing address Drehs, Roger 3295 Park Ridge Lane NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.47	Priority creditor's name and mailing address Duvall, Patrick 6845 Woodhills Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.48	Priority creditor's name and mailing address Dyga, Nicholas 1237 Colorado Ave SE Grand Rapids, MI 49506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.49	Priority creditor's name and mailing address Earnest, Sarah 11726 Echo Ridge Dr Sparta, MI 49345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.50	Priority creditor's name and mailing address Edgeington (Ellison), Miranda 9584 Fletcher Road Greenville, MI 48838	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.51	Priority creditor's name and mailing address Eudy, Terri 8009 Courtland Dr Ne Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.52	Priority creditor's name and mailing address Evans, Lawrence 8914 Howard City Edmore Rd Lakeview, MI 48850	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.53	Priority creditor's name and mailing address Falatic, Nicole 153 Glane Eagle Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.54	Priority creditor's name and mailing address Feldkamp, James 9429 Stone View Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.55	Priority creditor's name and mailing address Ferwerda, Holly 5376 Harvest Moon Ct Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.56	Priority creditor's name and mailing address Fifield, Jackie 333 Lantern Dr NW Comstock Park, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.57	Priority creditor's name and mailing address Fisk, Felicia 640 22 Mile Rd NE Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.58	Priority creditor's name and mailing address Fleet, Sue 7612 20 Mile Rd Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.59	Priority creditor's name and mailing address Fountain, Mary 440 Summit Ave Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.60	Priority creditor's name and mailing address Franz, Alexander 10870 Green Timbers St. Greenville, MI 48838	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.61	Priority creditor's name and mailing address Fries, Peter 7363 96th Street Howard City, MI 49329	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.62	Priority creditor's name and mailing address Gale, Jay 17055 Uncle Willie Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.63	Priority creditor's name and mailing address Gilding, Sara 6936 Myers View Court Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.64	Priority creditor's name and mailing address Gill, Nic 600 10 Mile Rd Comstock Park, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	Priority creditor's name and mailing address Glover, Sue & Greg 236 Arbor Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	Priority creditor's name and mailing address Gorney, Joe 8700 Pleasant Meadows Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	
2.67	Priority creditor's name and mailing address Grant, Edward 9230 Marabella Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.68	Priority creditor's name and mailing address Grice, Elizabeth 2898 Indian Lakes Rd Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.69	Priority creditor's name and mailing address Grinnell, Denise 7020 Fox Meadow DR NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.70	Priority creditor's name and mailing address Grove, Troy and Sarah 602 Silver Birch Howard City, MI 49329	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.71	Priority creditor's name and mailing address Hallman, Michelle 9544 128th St Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.72	Priority creditor's name and mailing address Hammer, Bill 17575 McPhail Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.73	Priority creditor's name and mailing address Hanes, Joshua 4926 15 Mile Rd NE Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.74	Priority creditor's name and mailing address Hanson, John 3369 Blue Water Pine Dr NE Grand Rapids, MI 49535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.75	Priority creditor's name and mailing address Harkness, Kimberly 8924 Loveless Dr. Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.76	Priority creditor's name and mailing address Helton, Treverlyn 10445 Walander NE Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.77	Priority creditor's name and mailing address Hendee, Heather 4415 21 Mile Rd Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.78	Priority creditor's name and mailing address Hendges, Rick 23075 Keneaville Rd Pierson, MI 49339	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.79	Priority creditor's name and mailing address Herrington, Angela 5115 Shinnecok Hills Dr NW Comstock Park, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.80	Priority creditor's name and mailing address Hess, Jenna 6727 Wildwood Lane Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.81	Priority creditor's name and mailing address Hill, Carrie 4669 Woodvalley Ct NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.82	Priority creditor's name and mailing address Hill, William 4669 Woodvalley Ct NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.83	Priority creditor's name and mailing address Himmelspach, Jake 316 Summitt Ave Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.84	Priority creditor's name and mailing address Huffman, Andy 1658 N Bay Dr Hudsonville, MI 49426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.85	Priority creditor's name and mailing address Hull, Brian 2244 Broken Arrow St Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.86	Priority creditor's name and mailing address Hulliberger, Reba 11871 New Costa Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.87	Priority creditor's name and mailing address Jacobson, Charles 7877 Squires Ct. NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.88	Priority creditor's name and mailing address Jakiemiec, Jim 7170 Concolor Drive Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.89	Priority creditor's name and mailing address Janssens, Kyle 5270 Surf Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.90	Priority creditor's name and mailing address Johnson, Jana 11841 Summit NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC		Case number (if known)
	Name		
2.91	Priority creditor's name and mailing address Johnson, Jasmin 304 Lewis Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.92	Priority creditor's name and mailing address Johnston, Ashley 1114 Griswold St SE Grand Rapids, MI 49507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.93	Priority creditor's name and mailing address Jones, Amanda 7978 Sequoya Trail Howard City, MI 49329	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.94	Priority creditor's name and mailing address Karas, April 8276 Tartan Way NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.95	Lidral Orthodontics, PLLC Karulf, Matthew 2510 Shears Crossings Ct NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.96	Kasper, Mary Ruth 6745 Fox Run Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.97	Keller, Amanda 6700 Pleasant View St NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.98	Kendall, Matthew 16276 Northland Dr Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.99	Priority creditor's name and mailing address Khan, Jeaul 1135 Carrier Creek Blvd NE Grand Rapids, MI 49504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.100	Priority creditor's name and mailing address Knapp, Phil 2583 13 Mile Road Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.101	Priority creditor's name and mailing address Knowles, Kathryn 3590 Jacobs Corner Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.102	Priority creditor's name and mailing address Kramer, Amy 7395 10 Mile Rd Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.103	Priority creditor's name and mailing address Krueger, Carolyn 10115 Seven Mile Rd Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.104	Priority creditor's name and mailing address Kuzma, Matthew 4668 Hidden Highland Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.105	Priority creditor's name and mailing address Lamoreaux, Meranda 12334 Plantation Ct Belding, MI 48809	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.106	Priority creditor's name and mailing address Landis, Kate 612 Highlander Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.107	Priority creditor's name and mailing address Leasher, Larry 5881 13 Mile Road Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.108	Priority creditor's name and mailing address LeBlanc, Kerrie 135 Kara Ct Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.109	Priority creditor's name and mailing address Lefferts, Randy 153 Waxwing Ct Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.110	Priority creditor's name and mailing address Lewis, Mispar 3127 Royal hanna Dr Ne Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.111	Priority creditor's name and mailing address Lewis, Richard 9423 East 56th St Newaygo, MI 49337	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.112	Priority creditor's name and mailing address ANDREW C. LIDRAL 6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$267,708.00	\$267,708.00
	Date or dates debt was incurred 2019-2020 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: \$240,000.00 UNPAID SALARY \$27,708.00 UNREIMBURSED EXPENSES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.113	Priority creditor's name and mailing address Linebaugh, Jeremy 9804 Coyote Trail Dr Belding, MI 48809	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.114	Priority creditor's name and mailing address Litzan, Steve 2259 Tradition Ne Grand Rapids, MI 49505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.115	Priority creditor's name and mailing address Liu, Jayna 4100 Cannon Hills Ct ADA, MI 49301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.116	Priority creditor's name and mailing address Lumley, Samatha 9615 10 Mile Rd Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.117	Priority creditor's name and mailing address MacLachlan, Duncan 6914 Verde Vista Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.118	Priority creditor's name and mailing address Malek, Vanessa 6510 Egypt Valley Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
2.119	Priority creditor's name and mailing address Mangione, Gregory 7205 Rolling Highland Ct NE Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.120	Priority creditor's name and mailing address Marcero, Traci 273 West Divison NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.121	Priority creditor's name and mailing address Marshal, Angie 12135 Ritchie Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.122	Priority creditor's name and mailing address Martin, Krista 10439 Holland Lake Rd Greenville, MI 48838	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)
2.123	Priority creditor's name and mailing address May, Suzanne 324 Creekside Dr Coopersville, MI 49404	<div style="display: flex; justify-content: space-between;"> <div> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="text-align: right;"> Unknown Unknown </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div>
2.124	Priority creditor's name and mailing address McCrumb Jr., Thomas 313 #7 Clark St. Lakeview, MI 48850	<div style="display: flex; justify-content: space-between;"> <div> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="text-align: right;"> Unknown Unknown </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div>
2.125	Priority creditor's name and mailing address McCrumb, Madison 935 Harrison Ct Lansing, MI 48917	<div style="display: flex; justify-content: space-between;"> <div> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="text-align: right;"> Unknown Unknown </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div>
2.126	Priority creditor's name and mailing address McInnis, Lori 1770 15 Mile Rd Sparta, MI 49345	<div style="display: flex; justify-content: space-between;"> <div> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="text-align: right;"> Unknown Unknown </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) </div> </div> <hr/> <div style="display: flex;"> <div style="width: 30%;"> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z) </div> <div style="width: 70%;"> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div> </div>

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.127	Priority creditor's name and mailing address McKee, Sandra 7166 Larned Belding, MI 48809	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.128	Priority creditor's name and mailing address McWilliams, Michael 82 W Prospect St Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.129	Priority creditor's name and mailing address Melendez, Melissa 9530 Summit Ave Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.130	Priority creditor's name and mailing address Mooney, Michelle 7717 95th Ave Evart, MI 49631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.131	Priority creditor's name and mailing address Murray, Molly 10926 Wellington Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.132	Priority creditor's name and mailing address Nagel, Beth 9299 Pheasant Trail NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.133	Priority creditor's name and mailing address Nelson, Peter 868 Parkway Dr NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.134	Priority creditor's name and mailing address Neumann, Tim 6850 Peninsula Ct Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
2.135	Priority creditor's name and mailing address Newell, Nancy 14811 Mann Rd Hickory Corners, MI 49060	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.136	Priority creditor's name and mailing address Nowak, Angelene 7564 Las Palmas Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.137	Priority creditor's name and mailing address Nowak, Bethany 7259 Old Hickory Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.138	Priority creditor's name and mailing address Okoroafo-Mollo, Cymone 8365 Ramsdale Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.139	Priority creditor's name and mailing address Orchard, Lisa 11223 Becker Creek Ct Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.140	Priority creditor's name and mailing address Oren, Sara 7800 9 Mile Rd Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.141	Priority creditor's name and mailing address Ostoin, Linda 6597 Foxtail Meadows Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.142	Priority creditor's name and mailing address Patin, April 5322 Grosvenor Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.143	Priority creditor's name and mailing address Patin, Nicholas & Rebecca 7038 Shalimar Dr Comstock Park, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.144	Priority creditor's name and mailing address Paulen, Andrew 20526 W. Kendaville Pierson, MI 49339	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.145	Priority creditor's name and mailing address Pearcy, Shelly 11315 Greenwich Dr NE Sparta, MI 49345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.146	Priority creditor's name and mailing address Peck, Tara 3030 12 Mile Rd NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.147	Priority creditor's name and mailing address Perry, Amber 6055 Meadowlark St Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.148	Priority creditor's name and mailing address Phillips, Cathie 301 Norwood St Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.149	Priority creditor's name and mailing address Pienta, Catherine 11701 Ridge Water Dr Sparta, MI 49345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.150	Priority creditor's name and mailing address Pienta, Deana 3055 Valleyview Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.151	Priority creditor's name and mailing address Plummer, Julie 410 Tallgrass Dr Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.152	Priority creditor's name and mailing address Poirier, Kristina 6573 11 Mile Rd Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.153	Priority creditor's name and mailing address Pollard, Amanda 13089 Cypress Ave Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.154	Priority creditor's name and mailing address Porter, Cathleen 1137 Fuller SE Grand Rapids, MI 49506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.155	Priority creditor's name and mailing address Prince, Melissa 6577 Laguna Vista Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.156	Priority creditor's name and mailing address Prince, Samuel 8449 Rollings Ave NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.157	Priority creditor's name and mailing address Radebach, Brooke 16710 Antler Dr Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.158	Priority creditor's name and mailing address Rau, Rick & Amy 17600 Simmons Ave Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.159	Priority creditor's name and mailing address Reamsma, Alice 285 Chasseral ct NW Comstock Park, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.160	Priority creditor's name and mailing address Reason, Michelle 215 Pairie Run Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.161	Priority creditor's name and mailing address Remelts, Tiffany 530 Birch Run St Howard City, MI 49329	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.162	Priority creditor's name and mailing address Rice, Debra 11770 20 Mile Road Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.163	Priority creditor's name and mailing address Roberts, Andrea 12388 Rooksby ST Sand Lake, MI 49343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.164	Priority creditor's name and mailing address Robins, Stacie 3255 Bennington Dr Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.165	Priority creditor's name and mailing address Ross-Foley, Kelly 3255 Bennington Dr Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.166	Priority creditor's name and mailing address Royston, Jacalyn 5679 Ritchie Run Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
2.167	Priority creditor's name and mailing address Saetre, Allison 6742 Pleasant View St NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.168	Priority creditor's name and mailing address Sahagun, Melanie 9901 Wolven Ave Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.169	Priority creditor's name and mailing address Sarber, Erin 5139 Glen Oaks Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.170	Priority creditor's name and mailing address Schippers, Amber 9043 Pine Island Dr Comstock Park, MI 49321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.171	Priority creditor's name and mailing address Schwalm, Brian 12300 Myers Lk Ave Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.172	Priority creditor's name and mailing address Seauvageau, Teresa 4512 Summit Forest Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.173	Priority creditor's name and mailing address Seymour, Katherine 527 West Randall St APT F Coopersville, MI 49404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.174	Priority creditor's name and mailing address Shantz, Bren 4919 Brownstone Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
2.175	Priority creditor's name and mailing address Shearer, Elizabeth 1917 Emerald St NE Grand Rapids, MI 49509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.176	Priority creditor's name and mailing address Sikorski, Allison 16333 Wildwood Valley Ne Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.177	Priority creditor's name and mailing address Simpson, Brenda 5971 Pine Ct Greenville, MI 48838	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.178	Priority creditor's name and mailing address Sims, Aaron 315 Congress St. Belding, MI 48809	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.179	Priority creditor's name and mailing address Smith, Jacqueline 5124 Surf Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.180	Priority creditor's name and mailing address Smith, Patricia 5936 Alcove Dr Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.181	Priority creditor's name and mailing address Spencer, Lindsey 12335 Stafford Ravenna, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.182	Priority creditor's name and mailing address Spero, James 6782 Norman Farms NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.183	Priority creditor's name and mailing address Sremba, Sara 6868 Kitson Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.184	Priority creditor's name and mailing address Staffen, Matthew 22800 Tamerack View Howard City, MI 49329	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.185	Priority creditor's name and mailing address Stevenson, Sarah 2346 Winston View NE Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.186	Priority creditor's name and mailing address Stoner, Kevin 20407 W Tufant Rd Pierson, MI 49339	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.187	Priority creditor's name and mailing address Suess, Doug 2823 Leelanau NE Grand Rapids, MI 49525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.188	Priority creditor's name and mailing address Sullivan, James 9580 Arrowcrest Dr NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.189	Priority creditor's name and mailing address Swartzlander, Emily 7825 Cannonsburg Road Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.190	Priority creditor's name and mailing address Teis, Robert 5454 Keis Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.191	Priority creditor's name and mailing address Telvi, Brittney 246 Palmer St NE Grand Rapids, MI 49505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.192	Priority creditor's name and mailing address Terrien, Brian 2156 Avalon View Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.193	Priority creditor's name and mailing address Thomas, James 8250 Havenmeier Way NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.194	Priority creditor's name and mailing address Thompson, Vince 15411 Cedar Leaf Ct Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
2.195	Priority creditor's name and mailing address Tinney, Shauna 5493 Settlers Grove Rd NE Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.196	Priority creditor's name and mailing address Tyler, Amity 8547 Meadowrock Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.197	Priority creditor's name and mailing address Tyndall, Geroge 177 Cahill Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.198	Priority creditor's name and mailing address Ullery, Brandy 3907 Fraser NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	
2.199	Priority creditor's name and mailing address Unger, Denny 4138 Peter Creek NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.200	Priority creditor's name and mailing address Vandenberg, John 9319 Marabella Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.201	Priority creditor's name and mailing address Vanderkooi, Andrew 10529 Harvard Ave Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.202	Priority creditor's name and mailing address Vandyke, Katie 11882 Myers Lake Ave NE Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
2.203	Priority creditor's name and mailing address Vaneck, Denise 8349 Childsdale Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.204	Priority creditor's name and mailing address Vanmaanen, Jennifer 442 Shaw Estates Dr Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.205	Priority creditor's name and mailing address VanOeffelen, Brittany 1060 Woodrow NW Grand Rapids, MI 49504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.206	Priority creditor's name and mailing address Vawter, Gemma 50 Clearview Crossing Sparta, MI 49345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
2.207	<p>Priority creditor's name and mailing address</p> <p>Verville, Jessie 7970 Belding Rd Rockford, MI 49341</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Unknown</p> <p>Unknown</p>
2.208	<p>Priority creditor's name and mailing address</p> <p>Vincent, Sarah 366 Aldoph Rockford, MI 49341</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Unknown</p> <p>Unknown</p>
2.209	<p>Priority creditor's name and mailing address</p> <p>Vining, Kayla 3622 Blue Jay Dr Greenville, MI 48838</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Unknown</p> <p>Unknown</p>
2.210	<p>Priority creditor's name and mailing address</p> <p>Wagen, Carey 7306 Courtland Dr NE Rockford, MI 49341</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Unknown</p> <p>Unknown</p>

Debtor	Lidral Orthodontics, PLLC	Case number (if known)		
	Name			
2.211	Priority creditor's name and mailing address Wagen, Carol 175 S Monroe Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.212	Priority creditor's name and mailing address Wagner, Amber 8449 Rollings Ave NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.213	Priority creditor's name and mailing address Walters, Matthew 3590 Jacobs Corner Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.214	Priority creditor's name and mailing address Washington, Edwin 935 Baraga Grand Rapids, MI 49503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
2.215	Priority creditor's name and mailing address Welch Jr , Richard 7035 Brewer Ave NE Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.216	Priority creditor's name and mailing address Wheeler, Amanda 5575 5 Mile Rd NE Belmont, MI 49306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.217	Priority creditor's name and mailing address Winkels, Shelly 7293 Orlin Ct Ne Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.218	Priority creditor's name and mailing address Zenker, Heather 1266 Dairy Lane Cedar Springs, MI 49319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		

2.219	Priority creditor's name and mailing address Zillmer, Linsey 2826 Sunset Ridge Ct Rockford, MI 49341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
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Date or dates debt was incurred	Basis for the claim: ORTHODONTIC PATIENT (OR RESPONSIBLE PARTY)
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Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 158 MARCELL LLC C/O COLLIERS INTERNATIONAL 333 BRIDGE ST NW SUITE 1200 GRAND RAPIDS, MI 49504 Date(s) debt was incurred <u>05/23/17</u> Last 4 digits of account number <u>ITE1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMERCIAL LEASE FOR BUSINESS OPERATION LOCATION - RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126,404.00
3.2	Nonpriority creditor's name and mailing address 158 MARCELL LLC C/O COLLIERS INTERNATIONAL 333 BRIDGE ST NW SUITE 1200 GRAND RAPIDS, MI 49504 Date(s) debt was incurred <u>05/23/17</u> Last 4 digits of account number <u>ITE1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMERCIAL LEASE FOR BUSINESS OPERATION LOCATION - COMMON AREA MAINTENANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,602.00
3.3	Nonpriority creditor's name and mailing address 3M UNITEK 2724 SOUTH PECK RD MONROVIA, CA 91016-5097 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE BUSINESS DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address ADN PO BOX 610 SOUTHFIELD, MI 48037-0610 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FOR NOTICE PURPOSES POSSIBLE INSURANCE PAYMENT OWED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Lidral Orthodontics, PLLC	Case number (if known)	
	Name		
3.5	Nonpriority creditor's name and mailing address ADOPTION SUBSIDY - MDHHS PO BOX 30037 SUITE 412 LANSING, MI 48909 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address AETNA 151 FARMINGTON AVE HARTFORD, CT 06156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address ALWAYS CARE 8485 GOODWOOD BLVD BATON ROUGE, LA 70806-7878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address AMERICAN ORTHODONTICS 3524 WASHINGTON AVE SHEBOYGAN, WI 53081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE BUSINESS DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address AMERITAS 5900 O STREET LINCOLN, NE 68510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.10	Nonpriority creditor's name and mailing address BC/BS OF MICHIGAN 600 LAFAYETTE DETROIT, MI 48226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Lidral Orthodontics, PLLC Name _____	Case number (if known) _____
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3.11	Nonpriority creditor's name and mailing address BCBS ANTHEM 220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.12	Nonpriority creditor's name and mailing address BEENE GARTER 56 GRANDVILLE AVE SW SUITE 100 GRAND RAPIDS, MI 49503 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE BUSINESS DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.13	Nonpriority creditor's name and mailing address BENCO 295 CENTER POINT BLVD PITTSTON, PA 18640 Date(s) debt was incurred <u>UNKNOWN</u> Last 4 digits of account number <u>0993</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR:</u> <u>ONGOING BUSINESS SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,239.00
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3.14	Nonpriority creditor's name and mailing address BHS INSURANCE 3055 44TH ST. SW GRANDVILLE, MI 49418 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE BUSINESS DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.15	Nonpriority creditor's name and mailing address CAPITAL GROUP AMERICAN FUNDS PO BOX 6007 INDIANAPOLIS, IN 46206-6007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE BUSINESS DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.16	Nonpriority creditor's name and mailing address CAPITAL ONE ATTN: GENERAL CORRESPONDENCE PO BOX 30285 SALT LAKE CITY, UT 84130-0287 Date(s) debt was incurred <u>ONGOING</u> Last 4 digits of account number <u>4302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CREDIT CARD</u> <u>ANDREW LIDRAL FOR LIDRAL ORTHODONTICS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,702.00
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Debtor	Name	Case number (if known)
	Lidral Orthodontics, PLLC	
3.17	Nonpriority creditor's name and mailing address CARE CREDIT PO BOX 965068 ORLANDO, FL 32896-5068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown
3.18	Nonpriority creditor's name and mailing address CHARTER COMMUNICATIONS 400 ATLANTIC STREET STAMFORD, CT 06901 Date(s) debt was incurred ____ Last 4 digits of account number <u>0730</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNPAID PHONE & INTERNET SERVICES PROVIDED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$824.82
3.19	Nonpriority creditor's name and mailing address CIGNA 900 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown
3.20	Nonpriority creditor's name and mailing address DELTA DENTAL OF MICHIGAN 4100 OKEMOS RD OKEMOS, MI 48864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown
3.21	Nonpriority creditor's name and mailing address DELTA DENTAL OF OH PO BOX 9089 FARMINGTON, MI 48333-9089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown
3.22	Nonpriority creditor's name and mailing address DELTA DENTAL OF WISCONSIN PO BOX 828 STEVENS POINT, WI 54481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown
3.23	Nonpriority creditor's name and mailing address DELTA OF CA :FEDERAL SERVICES PO BOX 537007 SACRAMENTO, CA 95853-7007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown

Debtor	Lidral Orthodontics, PLLC Name _____	Case number (if known) _____
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3.24	Nonpriority creditor's name and mailing address DELTA:III 111 SHUMAN BOULEVARD NAPERVILLE, IL 60563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.25	Nonpriority creditor's name and mailing address FOR NOTICE PURPOSES 618 KENMOOR AVE SE SUITE 200 GRAND RAPIDS, MI 49546 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.26	Nonpriority creditor's name and mailing address FRANKENMUTH INSURANCE ONE MUTUAL AVE FRANKENMUTH, MI 48787-0001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE BUSINESS DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.27	Nonpriority creditor's name and mailing address GROUP MARKETING SERVICES PO BOX 19040 KALAMAZOO, MI 49019-0040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.28	Nonpriority creditor's name and mailing address HENRY SCHEIN 135 DURYEA ROAD MELVILLE, NY 11747 Date(s) debt was incurred _____ Last 4 digits of account number <u>3045</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE BUSINESS DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.88
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3.29	Nonpriority creditor's name and mailing address HIGHLAND CAPITAL CORPORATION 1 PASSAIC AVENUE FAIRFIELD, NJ 07004 Date(s) debt was incurred <u>ONGOING</u> Last 4 digits of account number <u>1962</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HEALTHCARE EQUIPMENT FINANCING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.00
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Debtor	Lidral Orthodontics, PLLC Name	Case number (if known)
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3.30	Nonpriority creditor's name and mailing address INDEPENDENT BANK 230 W MAIN ST IONIA, MI 48846 Date(s) debt was incurred <u>11/16/18</u> Last 4 digits of account number <u>2577</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,354.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HELOC - PERSONAL LOAN FOR LIDRAL ORTHODONTICS, PLLC:</u> <u>HAZELGREEN DR. NE</u> <u>ROCKFORD, MI 49341</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address INSIGHT BENEFITS ADMINISTRATOR 660 ADA DR SE ADA, MI 49301 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address INVISALIGN ALIGN TECHNOLOGY INC 2820 ORCHARD PARKWAY SAN JOSE, CA 95134 Date(s) debt was incurred <u>ONGOING</u> Last 4 digits of account number <u>0371</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,325.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>BUSINESS LAB FEES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address BETTY LIDRAL 215 DAHL ST RHINELANDER, WI 54501 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOAN FROM INDIVIDUAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address MONICA LIDRAL 29W175 OAK GROVE AVE WEST CHICAGO, IL 60185 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOAN FROM INDIVIDUAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address METLIFE 200 PARK AVENUE NEW YORK, NY 10166 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES</u> <u>POSSIBLE INSURANCE PAYMENT OWED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address OFFICITE 3010 HIGHLAND PARKWAY SUITE 200 DOWNERS GROVE, IL 60515 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$76.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNPAID WEBSITE SERVICES PROVIDED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Lidral Orthodontics, PLLC**
Name

Case number (if known)

3.37 Nonpriority creditor's name and mailing address

**OPEN EDGE
2578 W 600 N
LINDON, UT 84042**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

**Basis for the claim: FOR NOTICE PURPOSES
POSSIBLE INSURANCE PAYMENT OWED
AND MERCANTILE FEES OWED**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.38 Nonpriority creditor's name and mailing address

**TEAMCARE
8647 W. HIGGINS ROAD
CHICAGO, IL 60631**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

**Basis for the claim: FOR NOTICE PURPOSES
POSSIBLE INSURANCE PAYMENT OWED**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.39 Nonpriority creditor's name and mailing address

**UNUM & STARMOUNT LIFE INS CO
STARMOUNT BUILDING
8485 GOODWOOD BLVD
BATON ROUGE, LA 70898-9100**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

**Basis for the claim: FOR NOTICE PURPOSES
POSSIBLE BUSINESS DEBT**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.40 Nonpriority creditor's name and mailing address

**VARIPO
5300 PATTERSON AVE SW
SUITE 150
GRAND RAPIDS, MI 49512**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

**Basis for the claim: FOR NOTICE PURPOSES
POSSIBLE INSURANCE PAYMENT OWED**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.41 Nonpriority creditor's name and mailing address

**ZELIS PAYMENTS
18167 US HIGHWAY 19 NORTH
SUITE 515
CLEARWATER, FL 33764**

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

**Basis for the claim: FOR NOTICE PURPOSES
POSSIBLE INSURANCE PAYMENT OWED**Is the claim subject to offset? ☒ No ☐ Yes**Unknown****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

4.1

Name and mailing address

**CURTIS D. RYPMA
SCHENK BONCHER & RYPMA
601 THREE MILE ROAD NW
GRAND RAPIDS, MI 49544-1601**On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Line 2.195☐ Not listed. Explain _____Last 4 digits of
account number, if
any

—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

Debtor **Lidral Orthodontics, PLLC**
Name

Case number (if known)

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 267,708.00
5b. +	\$ 330,501.70
5c.	\$ 598,209.70

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**DEBTOR HAS A
COMMERCIAL LEASE
WITH 158 MARCELL,
LLC ON THE EAST
HALF OF A BUILDING
(SUITE NO. 1)
LOCATED AT 158
MARCELL NE,
ROCKFORD, MI 49341
30 MONTHS**

State the term remaining

List the contract number of any government contract _____

**158 MARCELL LLC
C/O COLLIERS INTERNATIONAL
333 BRIDGE ST NW
SUITE 1200
GRAND RAPIDS, MI 49504**

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **ANDREW C.
LIDRAL****6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797****158 MARCELL LLC**☐ D _____
☒ E/F 3.1
☐ G _____2.2 **ANDREW C.
LIDRAL****6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797****158 MARCELL LLC**☐ D _____
☒ E/F 3.2
☐ G _____2.3 **ANDREW C.
LIDRAL****6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797****UNITED BANK**☒ D 2.1
☐ E/F _____
☐ G _____2.4 **ANDREW C.
LIDRAL****6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797****UNITED BANK**☒ D 2.2
☐ E/F _____
☐ G _____2.5 **ANDREW C.
LIDRAL****6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797****US ATTORNEY'S
OFFICE**☒ D 2.3
☐ E/F _____
☐ G _____

Debtor Lidral Orthodontics, PLLC

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	ANDREW C. LIDRAL	6269 Hazelgreen Dr. N.E. ROCKFORD, MI 49341-7797	US SMALL BUSINESS ADMIN (SBA)	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify your case:

Debtor 1 Andrew C. Lidral
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number _____
 (if known)

☐ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Andrew C. Lidral
Andrew C. Lidral
 Signature of Debtor 1

X _____
 Signature of Debtor 2

Date June 11, 2020

Date _____

Fill in this information to identify the case:Debtor name Lidral Orthodontics, PLLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**

(before deductions and exclusions)

\$65,588.00**For prior year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other _____**\$408,877.00****For year before that:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$510,118.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from****each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

Debtor Lidral Orthodontics, PLLC

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. UNITED BANK 900 EAST PARIS AVENUE SE GRAND RAPIDS, MI 49546	MONTHLY	\$5,466.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. 158 MARCELL LLC C/O COLLIERS INTERNATIONAL 333 BRIDGE ST NW SUITE 1200 GRAND RAPIDS, MI 49504	MONTHLY	\$7,366.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other COMMERCIAL LEASE

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
UNITED BANK 900 EAST PARIS AVENUE SE GRAND RAPIDS, MI 49546	PERSONAL PROPERTY SECURING DEBT AS LISTED ON SCHEDULES A/B	JUNE 1, 2020	\$44,327.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **Lidral Orthodontics, PLLC**

Case number (if known)

☐ None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. MARTIN L. ROGALSKI, P.C. 1881 GEORGETOWN CENTER DRIVE JENISON, MI 49428	ATTORNEY FEES, COSTS & COURT FILING FEE	11/02/2019	\$5,500.00
Email or website address court@mrogalski.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **Lidral Orthodontics, PLLC**

Case number (if known)

☒ None.Who received transfer?
AddressDescription of property transferred or
payments received or debts paid in exchangeDate transfer
was madeTotal amount or
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**NAMES, ADDRESSSES, SOCIAL SECURITY NUMBERS, AND OTHER
PERSONAL AND HEALTH INFORMATION IN LINE WITH HIPPA
REGULATIONS**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

LIDRAL ORTHODONTICS 401(k) PLAN

Employer identification number of the plan

EIN: **82-1234577**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor Lidral Orthodontics, PLLC

Case number (if known) _____

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None
Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
☐ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor **Lidral Orthodontics, PLLC**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service

From-To

26a.1. **BEENE GARTER LLP**
56 GRANDVILLE AVE SW
SUITE 100
GRAND RAPIDS, MI 49503

ONGOING

26a.2. **BEN GUNTER**
GUNTER ACCOUNTING
880 JEFFERSON ST #B
MUSKEGON, MI 49440

ONGOING

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

26d.1. **UNITED BANK**
900 EAST PARIS AVENUE SE
GRAND RAPIDS, MI 49546

Debtor **Lidral Orthodontics, PLLC**

Case number (if known) _____

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

ANDREW C. LIDRAL**6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797****PRESIDENT / MEMBER****100****29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

30.1 **ANDREW C. LIDRAL****6269 Hazelgreen Dr. N.E.
ROCKFORD, MI 49341-7797****\$11,500.00****VARIOUS****EARNED INCOME**

Relationship to debtor

PRESIDENT / MEMBER**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor Lidral Orthodontics, PLLC

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 11, 2020

/s/ Andrew C. Lidral

Signature of individual signing on behalf of the debtor

Andrew C. Lidral

Printed name

Position or relationship to debtor President/Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
Western District of Michigan**

In re **Lidral Orthodontics, PLLC**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the President/Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 11, 2020**

/s/ Andrew C. Lidral

Andrew C. Lidral/President/Member

Signer/Title

158 MARCELL LLC
C/O COLLIERS INTERNATIONAL
333 BRIDGE ST NW
SUITE 1200
GRAND RAPIDS MI 49504

AMERITAS
5900 O STREET
LINCOLN NE 68510

BEENE GARTER
56 GRANDVILLE AVE SW
SUITE 100
GRAND RAPIDS MI 49503

3M UNITEK
2724 SOUTH PECK RD
MONROVIA CA 91016-5097

ANDERSON, MICHAEL
14155 ALGOMA AVE
CEDAR SPRINGS MI 49319

BEHRENWALD, CHRISTINE
316 DAYLILY DR
SAND LAKE MI 49343

ADN
PO BOX 610
SOUTHFIELD MI 48037-0610

ANDREW C. LIDRAL
6269 HAZELGREEN DR. N.E.
ROCKFORD MI 49341-7797

BENCO
295 CENTER POINT BLVD
PITTSSTON PA 18640

ADOPTION SUBSIDY - MDHHS
PO BOX 30037
SUITE 412
LANSING MI 48909

ANNESE, ALEXANDRA
820 ROLLING CREEK
LOWELL MI 49321

BESSER, DAN
3261 EASTERN NE
GRAND RAPIDS MI 49525

AETNA
151 FARMINGTON AVE
HARTFORD CT 06156

BANKS, RICHARD
5707 KIES
ROCKFORD MI 49341

BHS INSURANCE
3055 44TH ST. SW
GRANDVILLE MI 49418

ALCALA, SARA
12066 PINE COVE DR
ROCKFORD MI 49341

BARCUME, TROY
923 BJORNSEN ST.
BIG RAPIDS MI 49307

BISHOP, ABIGAIL
985 E. BELTLINE AVE NE
GRAND RAPIDS MI 49525

ALLEN, LISA
4651 HIDDEN HIGHLAND DR NE
ROCKFORD MI 49341

BAYINK, MICHELLE
9311 BAY HARBOR
ROCKFORD MI 49341

BISSELL, LAURIE
7897 SILVER HILLS
ROCKFORD MI 49341

ALVAREZ, LISA MARIE
6838 FOX MEADOWS NE
ROCKFORD MI 49341

BC/BS OF MICHIGAN
600 LAFAYETTE
DETROIT MI 48226

BLAKESLEE, RACHEL
8347 COWAN LK DR NE
ROCKFORD MI 49341

ALWAYS CARE
8485 GOODWOOD BLVD
BATON ROUGE LA 70806-7878

BCBS ANTHEM
220 VIRGINIA AVENUE
INDIANAPOLIS IN 46204

BOOTH, BENJAMIN
5591 COIT AVE NE
GRAND RAPIDS MI 49525

AMERICAN ORTHODONTICS
3524 WASHINGTON AVE
SHEBOYGAN WI 53081

BEDARD, SARAH
3963 DENALI DR
HUDSONVILLE MI 49426

BOSSCHER, ERICA
6215 KUTTSHILL
ROCKFORD MI 49341

BOYD, JAMISON
3552 KESWICK
BELMONT MI 49306

CARE CREDIT
PO BOX 965068
ORLANDO FL 32896-5068

CRUDEN, JOHN
6492 FOXTAIL MEADOWS
ROCKFORD MI 49341

BRAY, CHARLES
9591 ARROWCREST 49341
ROCKFORD MI 49341

CARLSON, MICHAEL
6440 FOX RUN
ROCKFORD MI 49341

CULVER, MELISSA
21423 KRISTEN BLVD
PIERSON MI 49339

BREWER, AMANDA
12023 RUSSELL RIDGE
CEDAR SPRINGS MI 49319

CASTILLO, JUDITH
6039 COAN RD
SAND LAKE MI 49343

CUMMINGS, BRIAN
11700 CRYSTAL RIDGE DR
SPARTA MI 49345

BRICKER, MEREDITH
6675 TWINS SPRINGS CT
ROCKFORD MI 49341

CAVASIN, KELLY
7852 ELLA TERRACE DR NE
ROCKFORD MI 49341

CURTIS D. RYPMA
SCHENK BONCHER & RYPMA
601 THREE MILE ROAD NW
GRAND RAPIDS MI 49544-1601

BRISTOL, KIMBERLY
4994 CASTLE HILL CT
ROCKFORD MI 49341

CHARTER COMMUNICATIONS
400 ATLANTIC STREET
STAMFORD CT 06901

DAHLQUIST, BRIAN
10434 SHANER AVE
ROCKFORD MI 49341

BROWN, MICHELLE
6367 GRAN VIA DR. NE
ROCKFORD MI 49341

CIGNA
900 COTTAGE GROVE ROAD
BLOOMFIELD CT 06002

DANIEL R. KUBIAK
MIKA MEYERS
900 MONROE AVE NW
GRAND RAPIDS MI 49503

BURNS, JEFFREY
3493 KNOLLWOOD
ROCKFORD MI 49341

CILEK, STEVE
8415 JE-NE-BE
ROCKFORD MI 49341

DAVISON, NICHOLE
1230 BUTH DR NE
COMSTOCK PARK MI 49321

CAMPBELL, JEFFREY
6081 BRIANNA WAY
HOWARD CITY MI 49329

CONE, SHANNON
15750 KELLER AVE
SAND LAKE MI 49343

DAWSON, BETH
7221 LOMA LINDA CT NE
ROCKFORD MI 49341

CAPITAL GROUP AMERICAN FUNDS
PO BOX 6007
INDIANAPOLIS IN 46206-6007

COWIN, MICHAEL
7880 PETERSON
ROCKFORD MI 49341

DEBRUINE, RANDALL
2999 COOKS CREEK DR NE
GRAND RAPIDS MI 49525

CAPITAL ONE
ATTN: GENERAL CORRESPONDENCE
PO BOX 30285
SALT LAKE CITY UT 84130-0287

CRATER, TRICIA
2041 WEST 120TH ST
GRANT MI 49327

DEKRAKER, DIANE
10593 EDGERTON AVE NE
ROCKFORD MI 49341

DELTA DENTAL OF MICHIGAN
4100 OKEMOS RD
OKEMOS MI 48864

DORNAN, BRENDA
6089 EGYPT FORREST
ROCKFORD MI 49341

FERWERDA, HOLLY
5376 HARVEST MOON CT
BELMONT MI 49306

DELTA DENTAL OF OH
PO BOX 9089
FARMINGTON MI 48333-9089

DREHS, ROGER
3295 PARK RIDGE LANE NE
GRAND RAPIDS MI 49525

FIFIELD, JACKIE
333 LANTERN DR NW
COMSTOCK PARK MI 49321

DELTA DENTAL OF WISCONSIN
PO BOX 828
STEVENS POINT WI 54481

DUVALL, PATRICK
6845 WOODHILLS DR
ROCKFORD MI 49341

FISK, FELICIA
640 22 MILE RD NE
SAND LAKE MI 49343

DELTA OF CA :FEDERAL SERVICES
PO BOX 537007
SACRAMENTO CA 95853-7007

DYGA, NICHOLAS
1237 COLORADO AVE SE
GRAND RAPIDS MI 49506

FLEET, SUE
7612 20 MILE RD
SAND LAKE MI 49343

DELTA:III
111 SHUMAN BOULEVARD
NAPERVILLE IL 60563

EARNEST, SARAH
11726 ECHO RIDGE DR
SPARTA MI 49345

FOR NOTICE PURPOSES
618 KENMOOR AVE SE
SUITE 200
GRAND RAPIDS MI 49546

DELVESCOVO, CHRISTINA
555 7TH ST NW APT 407C
GRAND RAPIDS MI 49504

EDGEINGTON (ELLISON), MIRANDA
9584 FLETCHER ROAD
GREENVILLE MI 48838

FOUNTAIN, MARY
440 SUMMIT AVE
ROCKFORD MI 49341

DEMAN, CHRISTY
9444 COURTLAND
ROCKFORD MI 49341

EUDY, TERRI
8009 COURTLAND DR NE
ROCKFORD MI 49341

FRANKENMUTH INSURANCE
ONE MUTUAL AVE
FRANKENMUTH MI 48787-0001

DENARDO, COLLEEN
7167 TRAMORE CT NE
BELMONT MI 49306

EVANS, LAWRENCE
8914 HOWARD CITY EDMORE RD
LAKEVIEW MI 48850

FRANZ, ALEXANDER
10870 GREEN TIMBERS ST.
GREENVILLE MI 48838

DERBY, JESSICA
4111 ARTHUR ST. E
COOPERSVILLE MI 49404

FALATIC, NICOLE
153 GLANE EAGLE
ROCKFORD MI 49341

FRIES, PETER
7363 96TH STREET
HOWARD CITY MI 49329

DIKEMAN, ANDREW
8755 CAMELOT
ROCKFORD MI 49341

FELDKAMP, JAMES
9429 STONE VIEW DR NE
ROCKFORD MI 49341

GALE, JAY
17055 UNCLE WILLIE
CEDAR SPRINGS MI 49319

GILDING, SARA
6936 MYERS VIEW COURT
ROCKFORD MI 49341

HAMMER, BILL
17575 MCPHAIL
CEDAR SPRINGS MI 49319

HIGHLAND CAPITAL CORPORATIO
1 PASSAIC AVENUE
FAIRFIELD NJ 07004

GILL, NIC
600 10 MILE RD
COMSTOCK PARK MI 49321

HANES, JOSHUA
4926 15 MILE RD NE
CEDAR SPRINGS MI 49319

HILL, CARRIE
4669 WOODVALLEY CT NE
ROCKFORD MI 49341

GLOVER, SUE & GREG
236 ARBOR DR
ROCKFORD MI 49341

HANSON, JOHN
3369 BLUE WATER PINE DR NE
GRAND RAPIDS MI 49535

HILL, WILLIAM
4669 WOODVALLEY CT NE
ROCKFORD MI 49341

GORNEY, JOE
8700 PLEASANT MEADOWS
ROCKFORD MI 49341

HARKNESS, KIMBERLY
8924 LOVELESS DR.
ROCKFORD MI 49341

HIMMELSPACH, JAKE
316 SUMMITT AVE
ROCKFORD MI 49341

GRANT, EDWARD
9230 MARABELLA DR NE
ROCKFORD MI 49341

HELTON, TREVERLYN
10445 WALANDER NE
CEDAR SPRINGS MI 49319

HUFFMAN, ANDY
1658 N BAY DR
HUDSONVILLE MI 49426

GRICE, ELIZABETH
2898 INDIAN LAKES RD
CEDAR SPRINGS MI 49319

HENDEE, HEATHER
4415 21 MILE RD
SAND LAKE MI 49343

HULL, BRIAN
2244 BROKEN ARROW ST
CEDAR SPRINGS MI 49319

GRINNELL, DENISE
7020 FOX MEADOW DR NE
ROCKFORD MI 49341

HENDGES, RICK
23075 KENEAVILLE RD
PIERSON MI 49339

HULLIBERGER, REBA
11871 NEW COSTA
SAND LAKE MI 49343

GROUP MARKETING SERVICES
PO BOX 19040
KALAMAZOO MI 49019-0040

HENRY SCHEIN
135 DURYEA ROAD
MELVILLE NY 11747

INDEPENDENT BANK
230 W MAIN ST
IONIA MI 48846

GROVE, TROY AND SARAH
602 SILVER BIRCH
HOWARD CITY MI 49329

HERRINGTON, ANGELA
5115 SHINNECOK HILLS DR NW
COMSTOCK PARK MI 49321

INSIGHT BENEFITS ADMINISTRAT
660 ADA DR SE
ADA MI 49301

HALLMAN, MICHELLE
9544 128TH ST
SAND LAKE MI 49343

HESS, JENNA
6727 WILDWOOD LANE
CEDAR SPRINGS MI 49319

INVISALIGN ALIGN
TECHNOLOGY INC
2820 ORCHARD PARKWAY
SAN JOSE CA 95134

JACOBSON, CHARLES
7877 SQUIRES CT. NE
ROCKFORD MI 49341

KELLER, AMANDA
6700 PLEASANT VIEW ST NE
ROCKFORD MI 49341

LEASHER, LARRY
5881 13 MILE ROAD
ROCKFORD MI 49341

JAKIEMIEC, JIM
7170 CONCOLOR DRIVE
ROCKFORD MI 49341

KENDALL, MATTHEW
16276 NORTHLAND DR
SAND LAKE MI 49343

LEBLANC, KERRIE
135 KARA CT
ROCKFORD MI 49341

JANSSENS, KYLE
5270 SURF DR
ROCKFORD MI 49341

KHAN, JEAUL
1135 CARRIER CREEK BLVD NE
GRAND RAPIDS MI 49504

LEFFERTS, RANDY
153 WAXWING CT
CEDAR SPRINGS MI 49319

JOHNSON, JANA
11841 SUMMIT NE
ROCKFORD MI 49341

KNAPP, PHIL
2583 13 MILE ROAD
ROCKFORD MI 49341

LEWIS, MISPAR
3127 ROYAL HANNA DR NE
ROCKFORD MI 49341

JOHNSON, JASMIN
304 LEWIS
ROCKFORD MI 49341

KNOWLES, KATHRYN
3590 JACOBS CORNER
ROCKFORD MI 49341

LEWIS, RICHARD
9423 EAST 56TH ST
NEWAYGO MI 49337

JOHNSTON, ASHLEY
1114 GRISWOLD ST SE
GRAND RAPIDS MI 49507

KRAMER, AMY
7395 10 MILE RD
ROCKFORD MI 49341

ANDREW C. LIDRAL
6269 HAZELGREEN DR. N.E.
ROCKFORD MI 49341-7797

JONES, AMANDA
7978 SEQUOYA TRAIL
HOWARD CITY MI 49329

KRUEGER, CAROLYN
10115 SEVEN MILE RD
ROCKFORD MI 49341

BETTY LIDRAL
215 DAHL ST
RHINELANDER WI 54501

KARAS, APRIL
8276 TARTAN WAY NE
ROCKFORD MI 49341

KUZMA, MATTHEW
4668 HIDDEN HIGHLAND DR
ROCKFORD MI 49341

MONICA LIDRAL
29W175 OAK GROVE AVE
WEST CHICAGO IL 60185

KARULF, MATTHEW
2510 SHEARS CROSSINGS CT NE
GRAND RAPIDS MI 49525

LAMOREAUX, MERANDA
12334 PLANTATION CT
BELDING MI 48809

LINEBAUGH, JEREMY
9804 COYOTE TRAIL DR
BELDING MI 48809

KASPER, MARY RUTH
6745 FOX RUN
ROCKFORD MI 49341

LANDIS, KATE
612 HIGHLANDER DR
ROCKFORD MI 49341

LITZAN, STEVE
2259 TRADITION NE
GRAND RAPIDS MI 49505

LIU, JAYNA
4100 CANNON HILLS CT
ADA MI 49301

MCCRUMB, MADISON
935 HARRISON CT
LANSING MI 48917

NEUMANN, TIM
6850 PENINSULA CT
ROCKFORD MI 49341

LUMLEY, SAMATHA
9615 10 MILE RD
ROCKFORD MI 49341

MCINNIS, LORI
1770 15 MILE RD
SPARTA MI 49345

NEWELL, NANCY
14811 MANN RD
HICKORY CORNERS MI 49060

MACLACHLAN, DUNCAN
6914 VERDE VISTA DR
ROCKFORD MI 49341

MCKEE, SANDRA
7166 LARNED
BELDING MI 48809

NOWAK, ANGELENE
7564 LAS PALMAS
ROCKFORD MI 49341

MALEK, VANESSA
6510 EGYPT VALLEY
ROCKFORD MI 49341

MCWILLIAMS, MICHAEL
82 W PROSPECT ST
ROCKFORD MI 49341

NOWAK, BETHANY
7259 OLD HICKORY
BELMONT MI 49306

MANGIONE, GREGORY
7205 ROLLING HIGHLAND CT NE
BELMONT MI 49306

MELENDEZ, MELISSA
9530 SUMMIT AVE
ROCKFORD MI 49341

OFFICITE
3010 HIGHLAND PARKWAY
SUITE 200
DOWNERS GROVE IL 60515

MARCERO, TRACI
273 WEST DIVISON NE
ROCKFORD MI 49341

METLIFE
200 PARK AVENUE
NEW YORK NY 10166

OKOROAFO-MOLLO, CYMONE
8365 RAMSDALE DR
ROCKFORD MI 49341

MARSHAL, ANGIE
12135 RITCHIE
CEDAR SPRINGS MI 49319

MOONEY, MICHELLE
7717 95TH AVE
EVART MI 49631

OPEN EDGE
2578 W 600 N
LINDON UT 84042

MARTIN, KRISTA
10439 HOLLAND LAKE RD
GREENVILLE MI 48838

MURRAY, MOLLY
10926 WELLINGTON DR NE
ROCKFORD MI 49341

ORCHARD, LISA
11223 BECKER CREEK CT
ROCKFORD MI 49341

MAY, SUZANNE
324 CREEKSIDE DR
COOPERSVILLE MI 49404

NAGEL, BETH
9299 PHEASANT TRAIL NE
ROCKFORD MI 49341

OREN, SARA
7800 9 MILE RD
ROCKFORD MI 49341

MCCRUMB JR., THOMAS
313 #7 CLARK ST.
LAKEVIEW MI 48850

NELSON, PETER
868 PARKWAY DR NE
GRAND RAPIDS MI 49525

OSTOIN, LINDA
6597 FOXTAIL MEADOWS DR NE
ROCKFORD MI 49341

PATIN, APRIL
5322 GROSVENOR
SAND LAKE MI 49343

POIRIER, KRISTINA
6573 11 MILE RD
ROCKFORD MI 49341

RICE, DEBRA
11770 20 MILE ROAD
CEDAR SPRINGS MI 49319

PATIN, NICHOLAS & REBECCA
7038 SHALIMAR DR
COMSTOCK PARK MI 49321

POLLARD, AMANDA
13089 CYPRESS AVE
SAND LAKE MI 49343

ROBERTS, ANDREA
12388 ROOKSBY ST
SAND LAKE MI 49343

PAULEN, ANDREW
20526 W. KENDAVILLE
PIERSON MI 49339

PORTER, CATHLEEN
1137 FULLER SE
GRAND RAPIDS MI 49506

ROBINS, STACIE
3255 BENNINGTON DR
CEDAR SPRINGS MI 49319

PEARCY, SHELLY
11315 GREENWICH DR NE
SPARTA MI 49345

PRINCE, MELISSA
6577 LAGUNA VISTA
ROCKFORD MI 49341

ROSS-FOLEY, KELLY
3255 BENNINGTON DR
CEDAR SPRINGS MI 49319

PECK, TARA
3030 12 MILE RD NE
ROCKFORD MI 49341

PRINCE, SAMUEL
8449 ROLLINGS AVE NE
ROCKFORD MI 49341

ROYSTON, JACALYN
5679 RITCHIE RUN
CEDAR SPRINGS MI 49319

PERRY, AMBER
6055 MEADOWLARK ST
ROCKFORD MI 49341

RADEBACH, BROOKE
16710 ANTLER DR
CEDAR SPRINGS MI 49319

SAETRE, ALLISON
6742 PLEASANT VIEW ST NE
ROCKFORD MI 49341

PHILLIPS, CATHIE
301 NORWOOD ST
ROCKFORD MI 49341

RAU, RICK & AMY
17600 SIMMONS AVE
CEDAR SPRINGS MI 49319

SAHAGUN, MELANIE
9901 WOLVEN AVE
ROCKFORD MI 49341

PIENTA, CATHERINE
11701 RIDGE WATER DR
SPARTA MI 49345

REAMSMA, ALICE
285 CHASSERAL CT NW
COMSTOCK PARK MI 49321

SARBER, ERIN
5139 GLEN OAKS DR NE
ROCKFORD MI 49341

PIENTA, DEANA
3055 VALLEYVIEW
ROCKFORD MI 49341

REASON, MICHELLE
215 PAIRIE RUN
CEDAR SPRINGS MI 49319

SCHIPPERS, AMBER
9043 PINE ISLAND DR
COMSTOCK PARK MI 49321

PLUMMER, JULIE
410 TALLGRASS DR
CEDAR SPRINGS MI 49319

REMELTS, TIFFANY
530 BIRCH RUN ST
HOWARD CITY MI 49329

SCHWALM, BRIAN
12300 MYERS LK AVE
CEDAR SPRINGS MI 49319

SEAUVAGEAU, TERESA
4512 SUMMIT FOREST DR
ROCKFORD MI 49341

SPERO, JAMES
6782 NORMAN FARMS NE
ROCKFORD MI 49341

TEIVI, BRITTNEY
246 PALMER ST NE
GRAND RAPIDS MI 49505

SEYMOUR, KATHERINE
527 WEST RANDALL ST APT F
COOPERSVILLE MI 49404

SREMB, SARA
6868 KITSON
ROCKFORD MI 49341

TERRIEN, BRIAN
2156 AVALON VIEW
CEDAR SPRINGS MI 49319

SHANTZ, BREN
4919 BROWNSTONE
ROCKFORD MI 49341

STAFFEN, MATTHEW
22800 TAMERACK VIEW
HOWARD CITY MI 49329

THOMAS, JAMES
8250 HAVENMEIER WAY NE
ROCKFORD MI 49341

SHEARER, ELIZABETH
1917 EMERALD ST NE
GRAND RAPIDS MI 49509

STEVENSON, SARAH
2346 WINSTON VIEW NE
CEDAR SPRINGS MI 49319

THOMPSON, VINCE
15411 CEDAR LEAF CT
CEDAR SPRINGS MI 49319

SIKORSKI, ALLISON
16333 WILDWOOD VALLEY NE
CEDAR SPRINGS MI 49319

STONER, KEVIN
20407 W TUFANT RD
PIERSON MI 49339

TINNEY, SHAUNA
5493 SETTLERS GROVE RD NE
BELMONT MI 49306

SIMPSON, BRENDA
5971 PINE CT
GREENVILLE MI 48838

SUESS, DOUG
2823 LEELANAU NE
GRAND RAPIDS MI 49525

TYLER, AMITY
8547 MEADOWROCK
ROCKFORD MI 49341

SIMS, AARON
315 CONGRESS ST.
BELDING MI 48809

SULLIVAN, JAMES
9580 ARROWCREST DR NE
ROCKFORD MI 49341

TYNDALL, GEROGE
177 CAHILL DR
ROCKFORD MI 49341

SMITH, JACQUELINE
5124 SURF
ROCKFORD MI 49341

SWARTZLANDER, EMILY
7825 CANNONBURG ROAD
ROCKFORD MI 49341

ULLERY, BRANDY
3907 FRASER NE
ROCKFORD MI 49341

SMITH, PATRICIA
5936 ALCOVE DR
BELMONT MI 49306

TEAMCARE
8647 W. HIGGINS ROAD
CHICAGO IL 60631

UNGER, DENNY
4138 PETER CREEK NE
ROCKFORD MI 49341

SPENCER, LINDSEY
12335 STAFFORD
RAVENNA MI 49341

TEIS, ROBERT
5454 KEIS
ROCKFORD MI 49341

UNITED BANK
900 EAST PARIS AVENUE SE
GRAND RAPIDS MI 49546

UNUM & STARMOUNT LIFE INS CO
STARMOUNT BUILDING
8485 GOODWOOD BLVD
BATON ROUGE LA 70898-9100

VAWTER, GEMMA
50 CLEARVIEW CROSSING
SPARTA MI 49345

WHEELER, AMANDA
5575 5 MILE RD NE
BELMONT MI 49306

US ATTORNEY'S OFFICE
WESTERN DISTRICT OF MICHIGAN
BANKRUPTCY SECTION
PO BOX 208
GRAND RAPIDS MI 49501-0208

VERVILLE, JESSIE
7970 BELDING RD
ROCKFORD MI 49341

WINKELS, SHELLY
7293 ORLIN CT NE
ROCKFORD MI 49341

US SMALL BUSINESS ADMIN (SBA)
MICHIGAN DISTRICT OFFICE
477 MICHIGAN AVENUE
SUITE 515, MCNAMARA BLDG
DETROIT MI 48226

VINCENT, SARAH
366 ALDOPH
ROCKFORD MI 49341

ZELIS PAYMENTS
18167 US HIGHWAY 19 NORTH
SUITE 515
CLEARWATER FL 33764

VANDENBERG, JOHN
9319 MARABELLA
ROCKFORD MI 49341

VINING, KAYLA
3622 BLUE JAY DR
GREENVILLE MI 48838

ZENKER, HEATHER
1266 DAIRY LANE
CEDAR SPRINGS MI 49319

VANDERKOOI, ANDREW
10529 HARVARD AVE
ROCKFORD MI 49341

WAGEN, CAREY
7306 COURTLAND DR NE
ROCKFORD MI 49341

ZILLMER, LINSEY
2826 SUNSET RIDGE CT
ROCKFORD MI 49341

VANDYKE, KATIE
11882 MYERS LAKE AVE NE
CEDAR SPRINGS MI 49319

WAGEN, CAROL
175 S MONROE
ROCKFORD MI 49341

VANECK, DENISE
8349 CHILDSDALE
ROCKFORD MI 49341

WAGNER, AMBER
8449 ROLLINGS AVE NE
ROCKFORD MI 49341

VANMAANEN, JENNIFER
442 SHAW ESTATES DR
ROCKFORD MI 49341

WALTERS, MATTHEW
3590 JACOBS CORNER
ROCKFORD MI 49341

VANOEFFELN, BRITTANY
1060 WOODROW NW
GRAND RAPIDS MI 49504

WASHINGTON, EDWIN
935 BARAGA
GRAND RAPIDS MI 49503

VARIPRO
5300 PATTERSON AVE SW
SUITE 150
GRAND RAPIDS MI 49512

WELCH JR , RICHARD
7035 BREWER AVE NE
ROCKFORD MI 49341

08/17

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MICHIGAN**

In re:

Case No. _____

Lidral Orthodontics, PLLC

Chapter 7

Debtor(s). _____ /

ASSET PROTECTION REPORT

Pursuant to Local Bankruptcy Rule 1007-2(d), debtors filing a Chapter 7 petition and debtors in a case converting to Chapter 7 must file an Asset Protection Report. List below any property referenced on **Schedule D** (Creditors Holding Secured Claims); or **Schedule G** (Executory Contracts and Unexpired Leases); and **any insurable asset in which there is nonexempt equity**. For each asset listed, provide the following information regarding property damage or casualty insurance:

INSURABLE ASSET (from schedules)	IS ASSET INSURED? (Yes/No)	NAME & ADDRESS OF AGENT OR INSURANCE CO.	POLICY EXPIRATION DATE (MM/YYYY)	WILL DEBTOR RENEW INSURANCE ON EXPIRATION? (Yes/No)
COMMERCIAL LEASE WITH 158 MARCELL, LLC ON THE EAST HALF OF A BUILDING (SUITE NO. 1) LOCATED AT 158 MARCELL NE, ROCKFORD, MI 49341	Yes	Aspen American Insurance Company Nat'l Administrator: B & B Protector Plans Inc. P.O. Box 173569 Tampa, FL 33672-3569 State Administrator: MDA Insurance 3657 Okemos Road, Suite 100 Okemos, MI 48864-3927	05/2021	Yes
ALL BUSINESS RELATED PROPERTY	Yes	Same as listed above.	05/2021	Yes

If the debtor is self-employed, does the debtor have general liability insurance for business activities?
Yes ☐ No ☐

I declare, under penalty of perjury, that the above information is true and accurate to the best of my knowledge. I intend to provide insurance protection for any exemptible interests in real or personal property of the estate, and I request that the trustee not expend estate funds to procure insurance coverage for my exemptible assets.

Dated: June 11, 2020/s/ Andrew C. Lidral

Andrew C. Lidral
Debtor

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors.